

FORM N-12 Individual Income Tax Return 1996  
(REV. 1996) RESIDENT or PART-YEAR RESIDENT  
Calendar Year 1996

DO NOT WRITE OR STAPLE IN THIS SPACE

or other tax year beginning _____, 1996 and ending _____, 19 _____		AMD	UNP	008	PNT	INT		
USE STATE LABEL OTHERWISE PRINT OR TYPE	Name (If joint return, give first names and initials of both)		Last Name		Your social security number			
	C/O				Spouse's social security number			
	Present mailing or home address (Number and street, including apartment number or rural route)				Your occupation			
	City, town or post office, State and ZIP code				Spouse's occupation			
HAWAII ELECTION CAMPAIGN FUND		Do you want \$2 to go to the Hawaii Election Campaign Fund?.....		Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.		
		If joint return, does your spouse want \$2 to go to the fund?.....		Yes	No			
FILING STATUS	(Check only ONE box)							
	1 <input type="checkbox"/> Single							
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).							
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. ● _____							
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. _____							
5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19 ● _____).								
EXEMPTIONS	<b>Caution:</b> If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 30.						Enter number of boxes checked on 6a and 6b	6a
	6a <input type="checkbox"/> Yourself ..... <input type="checkbox"/> Age 65 or over .....						}	
	6b <input type="checkbox"/> Spouse ..... <input type="checkbox"/> Age 65 or over .....							
	<b>Dependents:</b>						Enter number of your children listed	6c
	1. First and last name						}	
	2. Check if under age 1.							
3. If age 1 or older, dependent's social security number								
4. Relationship								
5. No. of months lived in your home in 1996.						Enter number of other dependents	6d	
6e Total number of exemptions claimed .....						Add numbers entered in boxes above	6e	
INCOME	<b>Caution:</b> If you are NOT a Part-Year Resident and are filing a federal return, you should use Form N-11.							
	7 Wages, salaries, tips, etc. (Attach Form(s) W-2) .....							
	8 Interest income from the worksheet on page 23 of the Instructions .....							
	9 Dividends from the worksheet on page 23 of the Instructions .....							
	10 State income tax refund from the worksheet on page 23 of the Instructions .....							
	11 Alimony received: Enter name and address of payer .....							
	12 Business or farm: main business activity/product ..... G.E. I.D. No. ....							
	12a Gross receipts from business or farm ..... 12a ..... 00							
	12b Net income or (loss) after subtracting expenses from business or farm ..... 12b ..... 00							
	13 Capital gain or (loss) from worksheet on page 23 of Instructions ..... 13 ..... 00							
	14a Total IRA distributions ..... 14a ..... 00 , 14b Taxable amount (see page 28 of the Instructions) .... 14b ..... 00							
	15a Total pensions and annuities ..... 15a ..... 00 , 15b Taxable amount (see page 28 of the Instructions) .... 15b ..... 00							
	16a Rents received. G.E. I.D. No. .... 16a ..... 00							
	16b Net rental income or (loss) after subtracting expenses ..... 16b ..... 00							
	17 Unemployment compensation (insurance). .... 17 ..... 00							
	18 Other income (state nature and source) ..... 18 ..... 00							
	19 Add amounts in far right column for lines 7 through 18..... Total Income ➤ 19 ..... 00							
	ADJUSTMENTS TO INCOME	20a Your IRA deduction ..... 20b Spouse's IRA deduction .....						
		21 Moving expenses ..... 21 ..... 00						
22 Deductions for self-employment tax ..... 22 ..... 00								
23 Self-employed health insurance deduction ..... 23 ..... 00								
24 Keogh retirement plan and self-employed SEP deduction..... 24 ..... 00								
25 Interest penalty on early withdrawal of savings ..... 25 ..... 00								
26 Alimony paid ..... 26 ..... 00								
27 Payments to an individual housing account ..... 27 ..... 00								
28 First \$1,750 of military reserve or Hawaii national guard duty pay..... 28 ..... 00								
29 Add lines 20c through 28..... Total Adjustments ➤ 29 ..... 00								
AGI	30 Line 19 minus line 29..... Adjusted Gross Income ➤ 30 ..... 00							

<b>DECLARATION</b>					
I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.					
<b>PLEASE SIGN HERE</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  _____ Your signature </div> <div style="width: 45%;">  _____ Date </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">  _____ Spouse's signature (if filing jointly, BOTH must sign) </div> <div style="width: 20%;">  _____ Date </div> </div>		
	<b>Paid Preparer's Information</b>	Preparer's Signature and date  _____		Preparer's social security number _____	Check if self-employed <input type="checkbox"/>
		Firm's name (or yours if self-employed) and address  _____		Federal E.I. No.  _____ ZIP Code  _____	